



# ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM

## Official Use Only

Date Received 1

Date Received 2

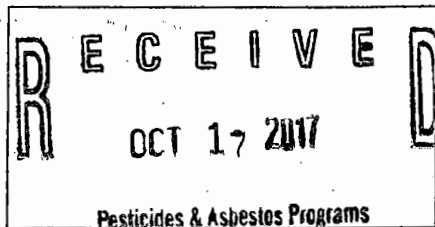
Mark Date: \_\_\_\_\_

Project ID#: \_\_\_\_\_

Permit #: \_\_\_\_\_

Inspector #: \_\_\_\_\_

Sector: \_\_\_\_\_



Pesticides & Asbestos Programs  
and Enforcement Branch (SLC52)  
EPA Region III

## REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

### TYPE OF NOTIFICATION (check one):

☒ Revision (highlight here, and changes)

☐ Postponement

☐ Initial

☐ Phase of Annual Notification

☐ Cancellation

☐ Annual Notification

 Date of Initial Notification or, if previously revised, date of last revision: OCTOBER 4, 2017

### PROJECT LOCATION (check one):

☐ Allegheny County

☐ City of Philadelphia

☒ Other Location in PA (specify county): YORK

### For Allegheny County and City of Philadelphia projects only:

 A. Does this project require a permit? ☐ Yes ☐ No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)

B. For City of Philadelphia projects requiring a permit:

Asbestos project inspector: \_\_\_\_\_ Certification #: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

 WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? ☐ Yes ☒ No

(If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).)

### TYPE OF OPERATION (check one):

☐ Demolition

☐ Ordered Demolition

☐ Abatement prior to Demolition

☒ Renovation

☐ Emergency Renovation

 FACILITY DESCRIPTION: \_\_\_\_\_ Job No.: 170221-001 (see instructions)

 Facility Name: YORK HOSPITAL

 Street/Rural Address: 1001 SOUTH GEORGE STREET

 City: YORK State: PA Zip Code: 17405

 Present use: HOSPITAL Prior use: SAME

 Will the facility be occupied during the abatement activity? ☒ Yes ☐ No

 Facility size in square feet: 1,070,716 # of floors: 7 Age in years: 25+

### ABATEMENT CONTRACTOR:

 Company name: ENVIRONMENTAL HAZARDS CONTROL

Allegheny County or City of Philadelphia License # (if applicable): \_\_\_\_\_

 Street/Rural/POB Address: 2502 HORSESHOE ROAD

 City: LANCASTER State: PA Zip: 17601

 Contact: JOHN D. HARTMAN Telephone No. (between 8:00 & 4:30): 717/656-3008

2000-01-01  
1000-01-01

$\frac{d}{dt} \left( \frac{1}{2} m v^2 \right) = \frac{1}{2} m \frac{d}{dt} (v^2) = \frac{1}{2} m \frac{d}{dt} (v_x^2 + v_y^2 + v_z^2)$

DEMOLITION CONTRACTOR:  
Company name: N/A  
Street/Rural/POB Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone No. (between 8:00 & 4:30): \_\_\_\_\_

FACILITY OWNER:  
Owner name: WELLSPAN YORK HOSPITAL  
Street/Rural/POB Address: 1001 SOUTH GEORGE STREET  
City: YORK State: PA Zip: 17405  
Contact: C/O JEFF MILLER W/CONSOLIDATED MEDICAL Telephone No. (between 8:00 & 4:30): 410/771-9771

FACILITY INSPECTION (required for renovation and demolition projects):  
Building inspector: SCOTT HOUSER Certification # 051360  
Date of inspection: 12/29/15 & 02/14/17 Is any material assumed to be asbestos? ☐ Yes ☒ No  
Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:  
PLM ANALYSIS

☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)

IS ANY TYPE OF ASBESTOS PRESENT ☒ Yes ☐ No If Yes, please list in #12

TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.  
PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

le *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
FRI	FLOOR TILE/MASTIC	7 <sup>TH</sup> FLOOR PHARMACY RENOVATION AREA	2,125	SF	REM	PCM
	DUCT INSULATION	7 <sup>TH</sup> FLOOR PHARMACY RENOVATION AREA	120	LF	REM	PCM
	CEILING TILE	7 <sup>TH</sup> FLOOR PHARMACY RENOVATION AREA	2,125	SF	REM	PCM
	DUCT INSULATION	PENTHOUSE MECHANICAL ROOM	3	SF	REM	PCM

\*  
of ACM

Code \*\*  
Units

Code \*\*\*  
Type of abatement

Code \*\*\*\*  
Final Clearance

Friable ACM  
Cat I nonfriable ACM  
Cat II nonfriable ACM  
: Allegheny County  
all ACM as friable)

LF - Linear ft.  
SF - Square ft.  
CF - Cubic ft.

REM - Removal  
CAP - Encapsulation  
CLO - Enclosure  
NON - None

PCM - Phase contrast microscopy  
TEM - Transmission electron microscopy

Is this project regulated by NESHAP ☒ Yes ☐ No  
A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

## OPERATION SCHEDULE(S) (as applicable)

- A. Asbestos abatement: Start Date: 9/18/17 Completion Date: 10/30/17  
 Daily hours of operation: 7:00 ☒ am ☐ pm to 4:00 ☐ am ☒ pm  
 Days of week (check) ☒ Mo ☒ Tu ☒ We ☒ Th ☒ Fr ☐ Sa ☐ Su
- B. Demolition: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm  
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su
- C. Renovation: Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_  
 Daily hours of operation: \_\_\_\_\_ ☐ am ☐ pm to \_\_\_\_\_ ☐ am ☐ pm  
 Days of week (check) ☐ Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐ Sa ☐ Su

## COMMENTS:

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:  
 REMOVAL AND DISPOSAL OF ACM INSIDE REGULATED WORK AREAS. WORK WILL BE PERFORMED UTILIZING AIR  
 FILTRATION MACHINES FOR PROPER NEGATIVE PRESSURE IN CONJUNCTION WITH DECONTAMINATION AND WET  
 ABATEMENT METHODS. ALL WASTE WILL BE PROPERLY BAGGED, LABELED, AND DISPOSED OF AN EPA APPROVED  
 LANDFILL.

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT  
 EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:  
 WORK SHALL BE COMPLETED UTILIZING CRITICAL BARRIERS, DROP CLOTHES AND NEGATIVE AIR WITH PROMPT  
 WASTE CLEANUP.

## WASTE TRANSPORTER(S)

- A. Transporter #1 name: ENVIRONMENTAL HAZARDS CONTROL  
 Street/Rural Address: 2502 HORSESHOE ROAD  
 City: LANCASTER State: PA Zip: 17601  
 Contact: JOHN D. HARTMAN Telephone: 717/656-3008
- B. Transporter #2 name: DAVID GEPPERT RECYCLING, INC.  
 Street/Rural Address: 2692 WOODSTREAM DRIVE  
 City: HATFIELD State: PA Zip: 19440  
 Contact: DAVID GEPEPRT Telephone: 215/368-8634

WASTE DISPOSAL SITE(S): (any asbestos containing material)

A. Landfill name: WESTERN BERKS COMMUNITY LANDFILL DEP permit #: 100739  
Street/Rural Address: 455 POPLAR NECK ROAD  
City: BIRDSBORO State: PA Zip: 19508  
Contact: STATION MANAGER Telephone: 610/375-2772

B. Landfill name: \_\_\_\_\_ DEP permit #: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

AIR MONITORING FIRM(S)

A. Company name/individual: EHC ASSOCIATES, INC.  
Street/Rural Address: 2502 HORSESHOE ROAD  
City: LANCASTER State: PA Zip: 17601  
Contact: JOHN D. HARTMAN Telephone: 717/656-3008

B. Final clearance firm: (if different than 19A) \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Final clearance firm was hired by (check one) ☐ Contractor ☐ Owner  
☐ Other Explain \_\_\_\_\_

AIR SAMPLE FIRM(S) (City of Philadelphia projects only)

A. PCM company name/individual: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

B. TEM company name: \_\_\_\_\_ Certification #: \_\_\_\_\_  
Street/Rural Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): \_\_\_\_\_ Hour of emergency: \_\_\_\_\_ ☐ am ☐ pm  
Description of the sudden, unexpected event: \_\_\_\_\_

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

FOR ORDERED DEMOLITIONS (attach copy of order):

Government agency that ordered: \_\_\_\_\_  
Name of individual who ordered: \_\_\_\_\_ Title: \_\_\_\_\_  
Date of order (mm/dd/yy): \_\_\_\_\_ Date ordered to begin (mm/dd/yy): \_\_\_\_\_

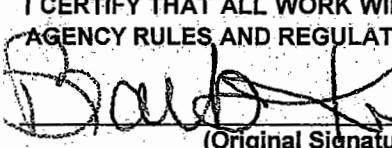
DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLD, PULVERIZED, OR REDUCED TO POWDER: STOP WORK, CONTAIN THE AREA, AND NOTIFY THE APPROPRIATE AGENCIES.

PENNSYLVANIA CERTIFICATIONS/LICENSES:

Project designer: <u>JOHN D. HARTMAN</u>	Certification #: <u>006012</u>
Contractor (Individual): <u>JOHN D. HARTMAN</u>	Certification #: <u>006012</u>
Supervisor: <u>JOHN D. HARTMAN</u>	Certification #: <u>006012</u>
Contractor (Firm): <u>ENVIRONMENTAL HAZARDS CONTROL</u>	Certification #: <u>C0449A</u>

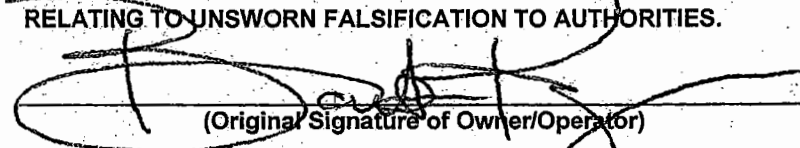
\*\*\*\*\* SIGN BOTH STATEMENTS \*\*\*\*\*

I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

 \_\_\_\_\_  
(Original Signature of Owner/Operator) 10/13/17 (Date)

Printed Name of Owner/Operator: BARB KING/ OPERATOR Title: V.P. OF OPERATIONS/ EHC

I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

 \_\_\_\_\_  
(Original Signature of Owner/Operator) 10/13/17 (Date)

Printed Name of Owner/Operator: BARB KING/ OPERATOR Title: V.P. OF OPERATIONS/ EHC

FOR OFFICIAL USE ONLY

EHC Associates  
2502 Horseshoe Road  
Lancaster, PA 17601

Master

US POSTAGE

\$00.67

Asbestos NESHAPS Coordinator  
(3WC32)  
US EPA Region III  
1650 Arch Street  
Philadelphia, PA 19103



